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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David M. Smart

Title: COLLAPSIBLE SUPPORT WITH ARMS AND LEGS AND METHODS FOR USING

Serial No.: 10/011,852

Filing Date: 4 December 2001

Examiner/Unit: Tan Le/3632

Attorney Docket No.: 1935-001-03

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this communication, and any document being attached hereto,



is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail addressed to: MS Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on this 27th day of March 2006.

Stephanie Cox
Stephanie Cox

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

____ The fee has been calculated as shown below:

X No additional claim fee is required.

Computation of Fee
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>		<u>Rate</u>		<u>Addl. Fee</u>
Total Claims	8	Minus	34	=	0	0 x	\$50/\$25 =		\$-0-
Independent Claims	1	Minus	8	=		x	\$200/\$100 =		\$-0-
Total additional fee for this amendment									\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

 X Check No. 25660 in the amount of \$510 for the a 3-Mo. Request for Extension of Time.

 X Request For Extension of Time.

 Charge \$ to Deposit Account No. . A copy of this sheet is enclosed.

 XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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